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ABSTRACT

These proceedings contain four papers. In "Identifying Learning Disabilities in Correctional Facilities," Ronald E. Fritsch and Donna D. Tynan discuss two types of learning disabilities that may affect incarcerated youth: developmental (problems in attention, memory, perception, thinking, and oral language) and academic (problems in reading, handwriting, spelling, written expression, and arithmetic). The second paper, by Mark Hamm, is entitled "The Human Potential Seminar: A Strategy for Teaching Social Adaptive Behavior in a Correctional Classroom." Hamm describes the use of a pretest-posttest control group design and experimental manipulation consisting of structured group exercises to increase self-affirmation, self-motivation, self-determination, and empathetic regard for others. The use of this social learning procedure resulted in favorable changes in self-concept and strengthening the bond between the delinquent and society. Thelma Yarborough discusses "Project New Start: The Community Approach to Literacy Training of Inmates." This District of Columbia Department of Corrections project provided remedial instruction, literacy training, and general educational development preparation for inmates. In "Innovation in Group Work Practice: A Running-Therapy Model," Sallie E. Gratch and Kathryn D. Rindskopf highlight the rationales for using running as a treatment for moderately depressed adults and for choosing the group method. (SK)

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PAPER:

IDENTIFYING LEARNING DISABILITIES IN CORRECTIONAL FACILITIES

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PAPER:

THE HUMAN POTENTIAL SEMINAR: A STRATEGY FOR TEACHING SOCIAL ADAPTIVE BEHAVIOR IN A CORRECTIONAL CLASSROOM

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PAPER:

PROJECT NEW START: THE COMMUNITY APPROACH TO LITERACY TRAINING OF INMATES

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PAPER:

INNOVATION IN GROUP WORK PRACTICE: A RUNNING THERAPY MODEL

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Identifying Learning Disabled Youth In Correctional Facilities

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RUNNING HEAD: IDENTIFYING L.D. INCARCERATED YOUTH

Abstract

This article assists educators in identifying learning disabled youth residing in correctional facilities. Two major types of learning disabilities are discussed. Youth may exhibit developmental learning disabilities whereby they have problems in attention, memory, perception, thinking and/or oral language. Also, youth may exhibit academic learning disabilities. They may have problems in reading, handwriting, spelling, written expression and/or arithmetic. Developmental and academic learning disabilities may occur together or in isolation.

Identifying Learning Disabled Youth In Correctional Facilities

Various nationwide efforts have attempted to establish whether a clear cut link exists between learning disabilities and juvenile delinquency. Because of the correlational nature of this research few cause and effect findings support the contention that learning disabilities, in fact, cause juvenile delinquency. Another problem in determining the LD/JD link centers on the varying definitions of learning disability. Prior to 1975, learning disability definitions varied from state to state. Some researchers attempted to summarize results and present national findings while each state included in the study had a different learning disabilities definition. Even with the passage of P.L. 94-142 and inclusion of the learning disabilities criteria, identification and classification of the learning disabled is still difficult and controversial. It is no wonder that correctional educators have become baffled and frustrated when presented with youth exhibiting a variety of learning problems.

The purpose of this article is to provide correctional educators with a vehicle for identifying learning disabled youth. Kirk and Chalfant (1984)

have developed a taxonomy of learning disabilities. They categorize learning disabilities according to whether they are developmental and/or academic in nature. Developmental learning disabilities refer to prerequisite skills necessary for youth to be successful in academic subjects. This would include disabilities in attention, memory, perception, thinking, and oral language. Academic learning disabilities are problems school-aged youth may experience. More specifically, disabilities related to reading, handwriting, spelling, written expression and arithmetic represent academic learning disabilities. Correctional educators serving incarcerated youth must be aware that learning disabled youth may exhibit problems in any one or more of the developmental or academic areas described above.

Developmental Learning Disabilities

Kirk and Chalfant (1984) divide developmental learning disabilities into primary disabilities and secondary disabilities. Primary disabilities consist of problems in attention, memory, and perception while secondary disabilities include problems in thinking and oral language. Correctional educators must be aware of youth exhibiting problems in these areas.

Attention Disabilities

A variety of generalizations have been applied to describing attentional disabilities; hyperactivity, hypoactivity, distractibility, impulsivity, disinhibition, and perseveration. However, a more clear cut description of these generalizations is incorporated into the Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition, of the American Psychiatric Association (1980). Two subtypes of the attention deficit disorders are described: (a) attention deficit disorder with hyperactivity and (b) attention deficit disorder without hyperactivity. Inappropriate inattention, impulsivity and hyperactivity are essential general characteristics of attention deficit disorder with hyperactivity.

(a) Inattention: At least three of the following:

(1) Often fails to finish things he/she starts.

(2) Often doesn't seem to listen.

(3) Easily distracted.

(4) Has difficulty concentrating on school work or other tasks requiring sustained attention.

(5) Has difficulty sticking to a play activity.

(b) Impulsivity: At least three of the following:

(1) Often acts before thinking.

(2) Shifts excessively from one activity to to another.

(3) Has difficulty organizing work (this not being due to cognitive impairment).

(4) Needs a lot of supervision.

(5) Frequently calls out in class.

(6) Has difficulty awaiting turns in games or group situations.

(c) Hyperactivity: At least two of the following:

(1) Runs about or climbs on things.

(2) Has difficulty sitting still or fidgets excessively.

(3) Has difficulty staying seated.

(4) Moves about excessively during sleep.

(5) Is always "on the go" or acts if "driven by a motor".

(d) Onset before the age of seven.

(e) Duration of at least six months.

(f) Not due to Schizophrenia, Affective Disorder, or Severe or Profound Mental Retardation (p.41).

Youth exhibiting attention deficits without hyperactivity are not hyperactive and the other characteristics appear to be milder.

Memory Disabilities

Memory is an elusive concept and may mean many things to various people. The following is a brief list of the different kinds of memory: short-term memory, long-term memory, visual memory, auditory memory, haptic memory. Correctional educators should look for youth exhibiting the following problems.

Learning disabled youth may exhibit difficulties related to short and long term memory. If youth have problems with short-term memory they will be unable to remember what they have heard or seen after a few seconds, minutes or hours (Atkinson and Shiffin, 1971). If youth cannot retrieve information after approximately twenty-four hours they may be experiencing problems in long-term memory. Both long and short term memory are crucial if a youth is going to be successful in reading, math, and language arts.

Learning disabled youth may also possess problems in recognition or recall memory. Torgesen and Goldman (1977) indicate that learning disabled youth have difficulty recognizing items they have previously seen. Thus, if they studied or experienced something previously they cannot remember it now. Teachers assign recognition memory tasks when they give students multiple choice

questions or when they ask students to select the correctly spelled word from a list of words.

Recall memory requires youth to select from memory without the use of visual or auditory cues. Learning disabled youth with recall memory problems have extreme difficulty with fill-in-the-blank tests and remembering their spelling words without cues. When students are weak in recall memory they may experience difficulties in spelling and reading.

Some learning disabled youth experience difficulties in visual, auditory, or motor memory. The ability to remember things we see is called visual memory. Visual memory is necessary in recognizing and recalling letters, numbers, and spelling we have seen.

Another area in which youth may experience learning problems is in auditory memory. Auditory memory consists of remembering things through hearing. Auditory memory is necessary in following directions, identifying environmental sounds, learning math facts, and developing conceptual understanding.

Youth experiencing difficulties in motor memory cannot store, retain, and reproduce movement sequences or patterns. Motor memory is necessary for youth to perform body movements smoothly and quickly. Learning skills

such as dressing, tying shoes, throwing and catching a ball, writing and dancing can be difficult if youth have problems in motor memory (Luria, 1966).

Perceptual Difficulties

Many youth identified as learning disabled may exhibit problems related to deriving meaning from a number of sensations. Still others have difficulty in combining sensation with motor activity (Forgus and Melamed, 1976). When perceptual and motor problems occur correctional educators must assure themselves that youth are; paying attention to a stimulus, localizing the direction from which a stimulus is coming, separating a particular stimulus from the background stimulus, discriminating one stimulus from another and sequencing stimuli.

Youth who are able to identify how stimuli are alike and different are utilizing their discrimination processes. Learning disabled youth may exhibit the following discrimination deficits:

(1) discrimination of what they see, hear, or touch.

(2) discrimination of what they feel through movement, and,

(3) discrimination of differentiating between a figure and it's background.

Deficits may occur singly or in combination with other discrimination problems.

Youth may not be able to discriminate what they see, hear or touch. Referred to as visual discrimination deficits, auditory discrimination deficits and tactile discrimination deficits, problems in these areas can lead to a variety of difficulties in reading, writing, and arithmetic. Youth exhibiting visual discrimination problems may reverse or invert letters individually or in words and may be unable to discriminate the shape, size, and distance of printed letters or numbers (Barrett, 1965). Additional problems in near point copying, (copying from a distance of three feet or less at one's desk), far point copying (copying more than three feet from a desk), drawing, manuscript, or cursive writing may occur.

Auditory discrimination deficits experienced by youth with normal hearing acuity may be exhibited by an inability to detect similarities and differences between pitch, loudness, rhythm, melody, rate or duration of sound (Chalfant and Scheffelin, 1969). Phonics approaches to reading and spelling will be difficult for youth experiencing difficulties in auditory discrimination.

A great deal of information can be obtained about our environment through the sense of touch. If youth exhibit tactile discrimination deficits they will have problems with: sensitivity of touch - using eating utensils, writing, buttoning and unbuttoning, picking up and carrying small objects. Geldard (1953) indicates that touch discrimination is crucial in avoiding sharp objects, fire, etc.

Discrimination of what youth feel through movement is called kinesthetic discrimnation. Kinesthetic discrimination deficits can result in youth appearing to be very awkward. Mostly concerned with gross motor development youth may experience difficulties in writing, running, walking, dancing, football,baseball, etc.

Haptic discrimination problems exhibited by youth usually effect certain motor skills. Writing may appear difficult along with using tools and a variety of other equipment.

Referred to as figure-ground discrimination deficits some youth cannot differentiate between a figure and it's background. In essence, a youth may not be able to select appropriate visual, auditory, or haptic stimuli when presented with competing stimuli. For example, if a youth is told to pick out the little girl in a

picture, he points to some other background object. Various academic problems result when youth exhibit figure-ground discrimination difficulties.

Thinking Disabilities

Learning disabled youth present additional challenges to correctional educators when they exhibit a variety of thinking deficits. Such youth may be unable to attend to experienced vital environmental characteristics. If a youth cannot selectively attend to what he sees, hears, or touches, potential problems in conceptual development may result at a later date. If youth have difficulty in perceptual, visual, auditory, tactile, or kinesthetic discrimination they may experience difficulties in identifying similarities and differences when comparing objects, ideas, or situations. Youth may be unable to explain how a dog and cat are alike and different. Closely linked to recognizing similarities and differences is the ability of youth to identify which factors are common to a group of items. In order to classify ideas or concepts correctional educators must assure themselves that youth can classify randomly, concretely, and functionally prior to reaching the abstract level.

In addition to problems in concept development

learning disabled youth may also have difficulties in problem solving. In order to be an effecitve problem solver a youth must be able to recognize that a problem exists, decide to solve the problem analyze the problem, formulate alternative solutions, test the alternative solutions, and resolve the problem. Learning disabled youth may experience difficulties in any or all stages of problem solving.

Oral Language Disabilities

Deficits in oral language can be extremely traumatic for learning disabled youth. Correctional educators must continually watch for youth exhibiting the following problems: youth who have difficulty attending, listening in class, following simple and complex verbal sets of directions, participating in sound and word activities, recognizing differences in verbally presented sounds or words, rhyming, expressing thoughts and ideas, understanding the meaning of words, identifying incomplete words, blending separate parts of a word into a whole word, working with sentence structure or grammatic forms. Before assuming that an oral language disability exists it is crucial to rule out whether the above mentioned problems are byproducts of visual and/or hearing deficits.

Academic Learning Disabilities

Academic learning disabilities include those areas

which are a part of the traditional school curriculum and, therefore, cannot be identified until the child is school-age level. The areas of reading, handwriting, spelling and written expression, and arithmetic constitute the major areas of difficulty. A disability in any one of these areas may lead to a frustrating school experience for the adolescent. According to Poremba (1975) the typical juvenile delinquent is three to five years behind his grade placement academically with reading constituting the most serious lag, spelling next, then writing and arithmetic. These learning disabled youth require a strong remedial program to strengthen deficit skills coupled with instruction in compensation and vocational instruction. It is important to remember to maintain realistic goals. For example, it is not a realistic expectation that a youth's reading level can be brought from second grade level to grade placement in one or two years, even with the most extensive remedial program.

Reading Disabilities

Reading permeates the entire school program and is the most common problem found in learning disabled youth. A systematic informal method of evaluating the adolescent learning disabled youth's reading ability would include

observing the student's response to reading materials, determining the grade level at which he can read, and identifying the types of errors the student makes in reading. Reading rate, comprehension, and word decoding techniques should also be observed.

In terms of estimating potential for reading, the educator should observe the youth's behavior and form an impression of the general level of intelligence. Factors to be considered by correctional educators include listening comprehension, arithmetic computation skills, and mental maturity. Listening comprehension can be estimated by reading graded passages aloud to the student and asking questions about what has been read. Computation skills are often learned more readily by students with reading disabilities. In assessing this skill, the educator may find that the reading problem is only a symptom of a more complex problem such as emotional disturbance, mental retardation, or a severe developmental deficit. By combining information attained from assessing listening comprehension and computational skills with general information (alertness), one can determine an estimate on mental maturity.

Estimating the youth's actual reading level is the second step in identifying a reading disability. Consideration

should be given to: oral reading of paragraphs, silent reading of paragraphs, reading vocabulary words in isolation from graded readers, and word discrimination or recogintion. In comparing the estimated potential with the actual reading level, the educator will note a discrepancy with the reading disabled student. As the youth matures, the discrepancy will grow.

Determining errors in the reading behavior of the student requries observation of the student's reading style and notation of the difficulties encountered. Some of the commom errors observed include:

(1) omissions of words or parts of words
(2) insertions of words into the reading text
(3) substitutions of one word for another
(4) repetitions of words or sentences
(5) omissions or additions of sounds in a word
(6) reversals of words
(7) fast and inaccurate reading
(8) slow word-by-word reading
(9) lack of comprehension
    (a) listening comprehension
    (b) literal comprehension
    (c) inferential comprehension
    (d) analytic comprehension
    (e) critical comprehension

The educator will also want to look into developmental learning disabilities which might have contributed to the reading problem. By combining those findings with the analysis of reading errors, a remedial and compensatory reading program can be designed.

Spelling and Written Expression Disabilities

Adequate written expression is essential for achievement in school. Although spelling and reading involve different processes, youth who have reading problems generally tend to experience difficulties with spelling. Failure to achieve in spelling may be linked with sensory deficits, environmental and motivational factors, over reliance on phonological cues for irregular words, visual memory problems, perceptual deficits, and speech and pronunciation problems.

The first step in informally assessing a spelling disability is to determine the disparity between potential and spelling ability. Potential can be estimated by assessing the student's understanding of language and mental maturity. Spelling achievement can be assessed by having the youth spell graded lists of words. The degree of spelling disability is reflected in the difference between potential and the actual spelling achievement.

The second step of the assessment of spelling is to

analyze the types of spelling errors made. Commom spelling errors include:

(1) omission of a silent letter
(2) omission of a sounded letter
(3) omission of a doubled letter
(4) doubling a letter
(5) addition of a single letter
(6) transposition or partial reversal
(7) phonetic substitution for a vowel
(8) phonetic substitution for a consonant
(9) phonetic substitution for a syllable
(10) phonetic substitution for a word
(11) nonphonetic substitution for a vowel
(12) nonphonetic substitution for a consonant

(Spache, 1940). An intensive individualized spelling program can be developed based on the strengths and weaknesses of the student.

The term written expression encompasses all phases of written communication including spelling, handwriting, language, and the translation of oral language into written symbols. Four major factors which are particularly relevant to written language disabilities are receptive oral language, expressive oral language, reading, and motivation. Limited vocabularies, poor reading skills,

problems in using grammar and syntax combine to hinder the organization and formulation of thoughts into proper form for written expression.

The first step in analyzing a written expression disability is to gather samples of the youth's written work. These samples should then be reviewed for the following factors:

(1) number of words and sentences
(2) grammatical errors
(3) punctuation errors
(4) capitalization errors
(5) length of sentences
(6) organization and content of paragraphs
(7) evidence of proofreading

Attention should then be given to assessing the youth's receptive and expressive language skills, reading ability and attitude toward writing. Remedial efforts may then be based upon academic and developmental abilities and limitations.

Handwriting Disabilities

Handwriting is a skill which aids written expression and spelling. Therefore, it is important that youth learn to write words and letters accurately and rapidly. Handwriting is a tool of written expression rather than

an end itself.

Disabilities in handwriting may be grouped into two areas. Inadequate environment and poor instruction account for some problems. Factors intrinsic to the youth comprise the other main group. These factors include disorders of motor control, disorders of visual and spatial perception, deficiencies in visual memory, left-handedness, and ambidexterity. In working with the adolescent, handwriting assessment and remediation needs to be kept in the perspective of aiding the youth to record his ideas legibly and quickly.

Disorientation, directional confusion, and handedness may account for some problems with the adolsescent's handwriting. Through informal observation the educator can determine if the youth uses the right hand for some activities and the left for others. Eye and foot preferences if different from hand preference may indicate that handedness was changed at an earlier age. Eye preference can be determined by having the student focus on an object with both eyes, then with each eye independently. The object will seem to move when the dominant eye is covered. Footedness can be determined by having the student kick a ball or step up. The foot used is the preferred one.

The majority of handwriting disabilities in adolescents can be adequately assessed by collecting samples of the student's handwriting. The teacher should note reversals, rotations, inversions, and errors in the formation of letters. Other skills to note include:

(1) position of body, head, arms, and paper

(2) grasp of pen or pencil

(3) strokes - vertical, horizontal, curved, and slant of the line

(4) size and shape of letters

(5) alignment

(6) spacing between letters, words

(7) quality of line

(a) pressure - too heavy or too light

(b) firm and unwavering line

(8) connecting lines

(9) closing of letters

(10) crossing

(11) rate

Competency in visual-motor subskills and in letter formation are essential for remediating the problems of the student with a handwriting disability.

Arithmetic Disabilities

Arithmetic disabilities may be manifested in such

basic skills as addition, subtraction, multiplication, or division of whole numbers or in higher levels of computation with fractions or decimals, algebra, geometry, or trigonometry. Among the factors which may contribute to an arithmetic disability are inadequate instruction, poor prerequisite skills, social maladjustment, visual and hearing impairments, emotional disturbance, physical and other health impairments, and mental retardation. Language in the sense that the student must develop a numerical vocabulary may be associated with arithmetic achievement. Disabilities in attention such as hyperactivity, hypoactivity, fixation, distractibility, and impulsivity will interfere with the learning of arithmetic skills. Difficulty in visual spacial discrimination may cuase problems with number reversals, learning place value, and perceiving relationships, a skill essential for learning geometric concepts. Since many concepts and skills in arithmetic involve input from two or more sensory channels, the ability to integrate this input is essential. Still another obstacle to the development of arithmetic skills is that of problems with concept formation and of shifting from one concept to another. Finally, many learning disabled youth fail to utilize the more sophisticated and systematic methods

of problem solving such as inductive and deductive reasoning (Bruner, 1973).

To determine if a student actually has an arithmetic disability, the educator must compare the student's level of achievement with an estimated potential for learning. An estimate of arithmetic achievement can be completed by sampling the student's performance on arithmetic tasks at different skill levels. If the student is functioning two or more years below potential, appears to be of average intelligence and has had adequate learning opportunities, then he could have an arithmetic disability.

The second step in the assessment of an arithmetic disability involves the identification of the specific types of errors made in computation and reasoning. Common error patterns include:

(1) basic fact error

(2) incomplete or defective algorithm such as using an incorrect procedure of omitting steps from a procedure

(3) grouping errors

(4) inappropriate inversion such as reversals in the steps of the procedure or reversals in place values

(5) incorrect operation

(6) identity and/or zero errors (Engelhardt, 1977).

Once a hypothesis is developed concerning the nature of the problem, the correctional educator can then select appropriate objectives, materials, and strategies to meet the youth's needs and abilities.

Conclusion

Education of youth in various correctional facilities is often the responsibility of the correctional educator. Intermingled among these youth are individual students exhibiting any number of mild, moderate or severe emotional disturbances, mental handicaps, and learning disabilities. Although correctional educators must be aware of each of the handicapping conditions they will be identifying and working with a large number of learning disabled youth.

To assist correctional educators in identifying potential learning disabled youth there must be a recognition of the differences between developmental learning disabilities and academic learning disabilities. Developmental learning disabilities refer to deficits in attention, memory, perception, thinking, and oral language. Skills in each of these areas are often necessary before youth can be successful in academic subjects. Academic learning disabilities are related to

academic areas such as reading, handwriting, spelling, written expression and arithmetic. Correctional educators must remember that learning disabled youth may exhibit one or more developmental learning disabilities and/or academic learning disabilities.

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THE HUMAN POTENTIAL SEMINAR:

A STRATEGY FOR TEACHING SOCIALLY ADAPTIVE BEHAVIOR

IN A CORRECTIONAL CLASSROOM

by

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The Human Potential Seminar:
A Strategy for Teaching Socially Adaptive Behavior
in a Correctional Classroom

ABSTRACT

A pre-test-post-test control group design was employed to assess the efficacy of a social learning procedure in developing socially adaptive attitudes and behaviors of a population of incarcerated male juvenile delinquents. The experimental manipulation consisted of a series of structured group exercises designed to increase self-affirmation, self-motivation, self-determination, and empathetic regard for others. The use of the social learning procedure indicates favorable changes in self-concept and a strengthening of the bond between the delinquent and conventional society. In addition, the findings suggest that the social learning procedure was superior to normal programming as a means of effecting institutional behavior. Advantages of use of the procedure are discussed.

While it is assumed that the development of socially maladaptive behavior is unquestionably linked to the etiology of juvenile delinquency, correctional education programs designed to develop socially adaptive behaviors have received little attention. In fact, a limited number of empirically-based techniques for effectively managing and teaching socially adaptive behaviors within the correctional classroom have been reported in the literature.

When such programs are found they are traditionally structured in one of the three ways. First, pre-release programs frequently provide opportunities for social education and experiences (Roberts, 1971). Some evidence suggests that educational counseling and "life-skills" training opportunities serve as significant bridges between the correctional environment and the realities of society (McKee & Zachert, 1966; Arnette, 1967; Cohen, 1968; Saranson, 1968; Nicholson, 1970; Larson, 1970; Betz, 1973; Dell'apa et al., 1976; Shelton, 1980). A second approach can be noted in a moderate number of academic programs that are usually mounted by

universities or community colleges to alter the social behavior of incarcerated offenders (Partett & Ayer, 1971; Wotkiewicz & Minor, 1972; Panton & Brisson, 1972; Partett, 1974). The third approach is evidenced by those social education programs that are developed by organizations external to corrections. Two examples of this approach are the 'Guide to Better Living' series sponsored by the Stone-Brandel Foundation and the Human Potential Seminars developed by McHolland (1976).

The research described here is an outgrowth of an interest in the Human Potential Seminars (HPS) and their application to an incarcerated delinquent population. The techniques of HPS are derived from social learning theory. By the process of social learning I mean two-way communication in a group, motivated by some inner need or stress, leading to overt or covert expression of feeling, and involving cognitive processes and change (Jones, 1976). The opportunity for such experiences is greatly enhanced by the intervention of a catalyst - or facilitator - who helps the student proceed along the road to social adaptation, but leaves the actual process of problem solving to the student.

This investigation will explore the implications

of social learning theory dealing with the process of observational learning. It will also demonstrate a concern with criminological evidence relating to the behavior of crime and delinquency. The basic proposition under test is that institutionalized delinquent males become more socially adaptive as a function of social learning processes.

METHOD

Setting

The research was conducted at the Catalina Mountain School in Tucson, Arizona. This institution receives delinquent boys committed by Juvenile Court judges to the State's Department of Corrections. The length of stay is approximately six months. The subjects were 70 male offenders who, at admission, were between 15½ and 18 years of age (mean = 17 years, 3 months). The average IQ estimated from the Culture Fair Intelligence Test was 103.4. Subjects were comparable in age, IQ, diagnostic classification made by the Corrections Department, and type and severity of delinquent behavior prior to institutionalization.

Thirty-five (35) subjects were assigned to both the treatment and control groups. Assignment of subjects to conditions was essentially random. Subjects in the treatment group experienced an

involvement in HPS for a period of three weeks. Subjects in the control group experienced only the normal program offered by a well-staffed institution with a relatively high resident-staff ratio. The control group received as many contacts with caseworkers, counselors and teachers as did the experimental group.

Observation

Three kinds of data were gathered: (1) the self-concept measure, (2) the social control measure, and (3) the institutional behavior measure.

The self-concept measure. The notion that a positive self-concept is inversely related to the incidence of juvenile delinquency has laid claim to a consensual validity among U.S. criminologists (Matza, 1964; Reckless, 1967; Hirschi, 1969). An example of this view is represented by the work of Reckless (1967) who contends that "the person who conceives of himself as operating within limits is apt to hold himself within limits". In the present study, the test of the inmates' sense of self-affirmation, self-motivation, self-determination, and empathetic regard for others was composed of twenty forced-choice items containing descriptions of favorable and unfavorable personal characteristics

rated on a five-point Likert-type scale from "strongly agree" to "strongly disagree". Four illustrative items are:

1. I enjoy life.
2. I don't know what my values are.
3. I don't know what motivates me.
4. People bug me.

The social control measure. The measurement of an individual's "bond" to conventional society may elicit explanations of juvenile delinquency. This line of development was begun by Hirschi (1969) who assumes a normative American value system and postulates that delinquency results from a lack of bond to the conventional social order (Liska, 1981). Hirschi's theory of social control and delinquency conceives this bond in terms of attachments (caring about others); commitments (time, energy, and self invested in conventional behavior); and beliefs (attribution of moral validity to conventional norms). For Hirschi, these elements are associated with the propensity of an individual to engage in delinquent behavior. As a measure of these elements, an abbreviated version of the High School Questionnaire (Hirschi, 1969) was included in the present battery of tests. This scale is a twenty-item, forced-choice

measure which contains descriptions of favorable and unfavorable personal characteristics associated with commitments to, attachments to, and beliefs in others. Inmates were asked to respond to statements like the following:

1. I care what my teachers think of me.
2. Going to school is making me a better person.
3. I enjoy doing things with my parents.
4. I have a lot of respect for the police in my town.
5. The sucker who leaves his keys in his car is as much to blame for its theft as the man who steals it.
6. It's O.K. to break the law if you can get away with it.

The tests of self-concept and social control cover a broad range of attitudes and behaviors (e.g., making friends, occuptational success, school achievement, respect for the law, etc.); hence it is a measure of the individual's generalized expectancies for socially adaptive behavior.

The institutional behavior measure. One would like to have measures that reflect the inmate's actual learning of socially adaptive behaviors that count in a correctional institution, and on the outside. But

since these are notoriously elusive criterion measures, an alternative procedure was adopted. Institutional case files were reviewed to determine the number of times subjects had been sent from a treatment to a more primitive lock-up cottage for disciplinary action. The time-at-risk factor was controlled for by dividing the number of lock-up actions by the number of months of pre- and post-treatment incarceration for each subject. Lock-up measures yielded a frequency distribution of disciplinary actions.

Procedures

In the study, each seminar was attended by six to ten inmates and two correctional educators who acted as leaders. The teachers had been trained to lead the groups. Each session had a particular theme, such as personal goal setting, recall, focusing on "little peaks" in life, satisfaction, achievement and success and finding out about individual motivation. Emphasis was placed on the integration of thinking and feeling about and doing for onself and others and the potential usefulness of such activities in different interpersonal situations.

One of the leaders began each seminar session by introducing and describing the topic to be discussed

that day. The introduction oriented the inmates to the topic for the day and provided a rationale for each particular exercise. After the students had been briefed concerning points to which they should pay special attention, the leaders would ask participants to take turns reading aloud from the HPS manual and then take part in the "sharing" exercises that followed. Following the exercise, one student was called upon to summarize and explain the content and outcome of what had just been experienced by the group. Each session ended with a summary of the discussions, their most salient aspects, and their generalizability.

Comments and questions by the leaders were focused on sustaining the group's interest in and attention to the topics being discussed. Remarks made by the leaders were open and related to their own experiences with the topics at issue. The leaders attempted to get the students to think about related and similar situations in which the content of the topics read or discussed could be applied to their lives. An example is provided by the "Helpers" and "Killers" exercise in which the inmates identified a goal to achieve outside of the seminar, and were asked to report on the confidence and enthusiasm they felt as they actively pursued their goals. A different

topic or situation was discussed for each of the fifteen, three hour-long sessions. During the final session, subjects were asked to focus on their role in creating a better life for themselves through their attitudes, thoughts and decisions.

Experimental Design and Reliability

Measures of self-concept, social control and institutional behavior for experimental and control groups were made on a pre- and post-test basis (Campbell & Stanley, 1963). The interval between pre- and post-testing was approximately four weeks.

The test of self-concept (called the Self-Evaluation Inventory) was designed by McHolland (1976). This test has been used to assess the effectiveness of HP Seminars in studies of college students (Kleeman, 1972) and elementary school teachers (Kirby, 1974). The test of social control (the High School Questionnaire) was developed by Hirschi (1969) and has been used to measure the effects of social control mechanisms on acts of self-reported delinquency (Hirschi, 1969; Hindelang, 1973; Jensen, Erickson & Gibbs, 1978). A review of the literature suggests that the present study represents the initial reporting of these instruments within a correctional environment. Reliability checks on the lock-up measures were conducted by a second researcher.

RESULTS

The experimental and control groups were comparable across all premeasures. Significant ($P < .001$) positive changes were found from pre- to post-testing for 13 of the 20 repeated measures taken on the Self-Evaluation Inventory for the experimental group. Also, significant positive changes ($P < .05$) were found from pre- to post-testing for 9 of the 20 repeated measures on the High School Questionnaire for the experimental group. Analysis of variance suggested that the experimental subjects tended to show favorable changes in their self-affirmations, self-motivations, regard for others, and for their attachments, commitments, and beliefs about school and the law. Comparisons of changes between groups revealed a significant difference in terms of overall measures. Experimental subjects showed an overall increase in self-concept on the Self-Evaluation Inventory that was significantly greater ($P < .05$) than that for the other subjects. The experimental group showed a greater ($P < .05$) change toward commitment to school on the High School Questionnaire than did the controls. Experimental subjects also showed a greater ($P < .05$) shift away from a belief in delinquency than did the control subjects. The difference between experimental and

control groups toward attachments to parents was not significant.

Between group comparisons of positive and negative behavior changes were measured in terms of lock-up time and analyzed by chi-square tests. The proportions of experimental subjects who continued to show positive behavior differed significantly from the control group subjects ($X^2 = 7.36763$; $P < .05$).

Analysis of pre- post-data for the control group yielded no significant changes for all three dependent variable measures.

DISCUSSION

The results of the research suggest that the Human Potential Seminars had a greater effect on adolescent delinquents than did the normal program of a high quality institution. (During the time periods when the Seminar students were in the experiment, the control students were participating in a variety of educational, recreational, and vocational activities.) There was a strong consistent difference between the experimental and control groups in terms of self-concept, commitment to school, belief in delinquency and institutional behavior. Informal comments by the subjects suggested that they were impressed with and responded favorably to the well-ordered,

informational, and no-nonsense approach of the experimental treatment. In the main, these findings support those conclusions drawn from the limited number of previous investigations that have evaluated the efficacy of social learning procedures in a correctional setting (Saranson, 1968; Shelton, 1980).

While the present results suggest the hypothesis that institutionalized delinquent males become more socially adaptive as a function of a social learning opportunity, one major design and execution problem remains. Could the development of socially adaptive behavior have resulted from the fact that the Seminar group received more attention at Catalina Mountain School than did the control group? While a positive answer to this question cannot be completely ruled out, it seems unlikely that extra attention is a sufficient explanation of the results presented here for two essential reasons. First, the Catalina Mountain School environment is not an impoverished one in which one would expect attention effects to flourish. Second, while the measurable outputs of the research (e.g., self-concept and social control scores, institutional behavior) remained constant, measurable inputs (class size) varied from seminar to seminar. Even though such inputs varied, findings remained

constant from one seminar to the next, suggesting that what did account for the results can be most readily discernable in terms of the HPS curriculum, the skill of the leader and the expectations that he placed upon the group.

There are several advantages of the use of this procedure in a correctional setting. First, it may be implemented by existing education and/or counseling staff after staff have completed an HPS leadership training program. Second, it may be flexibly accommodated into many on-going instructional activities of the institution's pre-release program. Finally, the HPS model features both intensive self education by reading and group interactions which are designed to foster peer group cohesion. Some evidence suggests that such cohesion forces prison inmates to face reality and to forego infantile positions of abandonment and despair through the creation of a "We're all in it together" factor (Jones, 1976). As such, the procedure can provide correctional educators with an additional intervention to develop socially adaptive behavior.

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Project New Start: The Community Approach to Literacy Training of Inmates

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Project New Start: The Community Approach to Literacy Training of Inmates

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Why Literacy Training?

According to the U.S.News and World of May 17, 1982, 23 million U. S. citizens--one in five adults--lack the reading and writing skills to handle the minimal demands of daily living. They find it difficult to vote, to apply for jobs or loans, to read road signs and shop for basic needs. They are locked in a subsistence life style.

These statistics held true during the late 1960's when the Federal government got into the literacy business via Right to Read and established Adult Reading Academies. By 1979, when Pulling did her massive study of adult literacy programs, the same statistics were being cited. There seemed to have been very little, if any, improvement.

For the prison population, the figures were even more dismal. In 1973, the Syracuse University Research Group found some unsettling statistics:

1. Unofficial estimates by the U. S. Bureau of prison officials indicate 20 to 50% of the half-million adults incarcerated in American prisons can neither read nor write;
2. In a majority of American penal institutions, at least half of those in custody over 18 years of age have less than an eighth grade education;
3. In some facilities for youthful offenders, as many as 80% of the youngsters incarcerated are illiterate (Stoughton and Reagen).

By 1977, a survey conducted in the District of Columbia Department of Corrections by a group called Citizens for Correctional Improvement produced another grim statistic: The average grade level at the Lorton Youth Centers was fourth grade, and many of the residents were functionally illiterate.

Upon release from prison, a large number were incapable of coping adequately in the world of work. Their chances for being competitive in the labor market were lessened while their chances for returning to criminal behavior were increased.

There was no formal instruction at the pre-General Education Development (GED) level--seventh grade. There were no basic education programs nor any provision for literacy training. In view of the statistics cited above, the educational needs of almost half of the inmate population were not being met.

Further, there was a void left by the academic program of the Department of Corrections ofthe Distrtict of Columbia. The system did not have the resources to provide remedial or individualized instruction. Inmates in protective custody received no educational services at all. This was also true of women in the District of Columbia Jail. While the Jail is a short-term holding facility for males, women are sentenced there, and some remain as long as five years.

These problems were further exacerbated by the financial retrention of the District of Columbia government. Cut-backs were so deep that, in two of the institutions, educational services were being delivered by only one person. Materials were in short supply or makeshift. The situation was critical.

Addressing the Problem

It was under the circumstances described above, that New Start was started in 1978. Founded by a group called Citizens for Correctional Improvement, New Start became a private, non-profit corporation aimed at filling the voids alluded to above. The goals of New Start were/are the following:

1. To provide individualized remedial instruction, literacy training, and tutoring for inmates on a regular weekly basis.

2. To prepare inmates to enter the prison academic schools by raising their skills to the pre-GED level.

3. To provide educational services to inmates in protective custody and to women in the Jail.

4. To assist inmates in preparing for the GED test.

5. To provide assistance to program participants in post-release coping skills development.

Delivery of educational services by New Start is affected through use of the community to which the inmates are to return. Many organiations, both public and private, have used community volunteers quite successfully, and a recent study attests to the effectiveness of using volunteers to provide one-on-one instruction to adults (Gold and Horn, 1982). So, it was decided by the founders of New Start to recruit volunteers from the community, train them and then pair them with inmates for instruction.

Although instruction was provided in many subjects, it was felt that reading instruction and literacy training were much more important to rehabilitation (Gentile, 1979). The volunteers were not

only to provide instruction, but they would also be a "friend" and connection with the outside community. Each volunteer was asked to give a commitment of at least two hours a week for at least six months. Of course, most volunteers give much more, and many of the original volunteers are still with New Start.

Once the District of Columbia Department of Corrections has completed its intake screen process of the inmate, New Start conducts an orientation session with the potential student and begins the process of matching the student with a tutor. All tutors must be over eighteen years of age and have a high school diploma or its equivalent. The skills and interests of the volunteers are carefully matched with the needs of the inmate students.

Tutors were recruited from any and all occupations, including teaching professionals. Therefore, no particular method of instructing was prescribed. However, new tutors were put through training in the Mott method of reading instruction. This was for the use of those who felt the need for some direction in instructional methods. The Mott Program for Remedial Reading is a widely used adult education program that is even used in correctional settings (George and Mocker, 1971; Greenleigh Associates, 1966). During tutor training, the volunteers are also trained to supplement the Mott program with "survival skills" exercises, including but not confined to, reading city maps and transportation schedules; filling out job applications including advice on how to honestly explain a criminal record);personal budgeting; and, time management.

As the inmate's release time nears, the volunteer provides assistance with "re-entry shock problems." These problems often encompass the seemingly minor tasks of selecting appropriate housing, finding new friends who are supportive and assistance in overcoming feelings of panic, disorientation and self-doubt.

In the Central and Maximum facilities, an additional aspect of the program is provided by volunteer inmates who are high school graduates, many attending college courses, who tutor their fellow inmates. Prisoners with the requisite skills assist in bringing the participants up to functional levels, during the hours that New Start cannot be there.

Evaluation

The effectiveness of New Start and its programs is measured both formally and informally. These assessments include:

1. Periodic educational retests done by DCDC officials on students in educational programs. These are normally requested by New Start when the tutor feels that certain milestones have been completed by the student. Based on these retests, New Start students

average a gain of one half to one grade level during a calendar year. (They are tutored year-round.)

2. There are also checkpoints built into the Mott system that demonstrate progress to the student. These self-tests help in mastery progression from one point to another within the system.

3. The measurement of student progress is also gauged through looking at the number who are able to enroll in the academic school or pass the GED. To date, 420 students have been provided one-on-one instruction through New Start. Of that number, 84 have raised their skills to the point of being able to enroll in the academic school. Another 42 have taken and passed the GED examination.

Informal assessments are also garnered from both prison officials and students. The cooperative attitudes of DCDC staff and comments on behavioral differences evidenced by New Start students are intangible measurements of effectiveness. In a more concrete sense, the provision by DCDC of in-kind services and its allowance of New Start's activities in the facilities for seven years illustrate that DCDC apparently perceives a need for the program. Student and tutor reaction is also solicited, and the positive impact of the program is not only demonstrated verbally but also through the eagerness and attentiveness brought by both student and tutor to the tutorial sessions.

The evaluations are utilized by New Start in many ways.

1. The retests done by DCDC on New Start students may result in:
   --placement in other education or training classes offered by DCDC's educational programs;
   --the student's taking the GED;
   --the student's enrolling in college level courses.

2. The Mott checkpoints may demonstrate a need to:
   --accelerate or decrease the pace of tutoring sessions;
   --make referrals to DCDC officials because of perceived hearing, sight or learning disability problems.

3. The informal assessments by DCDC and New Start people may result in:

--program re-planning;
--change of tutors.

Conclusion

What New Start is providing are survival skills to DCDC inmates. Fundamentally, the goal is survival; the vehicle is literacy in all its facets--reading, job coping mechanisms, etc. Although basic skills mastery will not cure every problem of those who seek a more socially acceptable life upon release, the literature overwhelmingly supports the stance that literacy will increase an individual's chances to compete (Rovner-Pieczenit, 1973).

In terms of relevance to the community, for each ex-offender who does not go back, thousands of tax dollars are saved annually. For each ex-offender who does not return to criminal behavior, there is one less victim on the street. There is also one more productive taxpayer in the community. Hopefully, the continued work of New Start and programs like it will continue to help break the cycle of illiteracy and crime. For New Start has demonstrated the feasibility and effectiveness of using an outside organization as an agent of change to introduce concepts, methods and techniqes and to establish the framework for their continuation by the host agency.

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INNOVATION IN GROUP WORK PRACTICE: A RUNNING-THERAPY MODEL

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INNOVATION IN GROUP WORK PRACTICE: A RUNNING-THERAPY MODEL

Sallie E. Gratch and Kathryn D. Rindskopf

OBSERVATION OF NEED

Mental health clinicians are constantly involved in re-evaluating the effectiveness of a particular therapeutic methodology. Not only do we ask ourselves whether our beliefs regarding treatment alternatives are sound, but also, whether the client's and our objectives/goals can be achieved through a specific approach.

This paper describes the product of such an evaluation. The issues which demanded resolving related to the mood and energy level a client customarily brings to therapy and the long-term nature of therapy. An alternative approach was clearly needed which helped to put the client in touch with her* own strengths, developed her self-esteem and self-worth and placed a time limit on the duration of therapy. This approach suggested a more client-activated, client-responsive role in therapy.

The model that evolved** draws upon the notion of

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* The feminine pronoun will be used throughout this discussion for brevity and simplification purposes; no sexist implication is intended.

** RUN FOR YOUR SELF has been offered in the Chicago area since September, 1978.

improved mental health through a regularized and systematic physical activity and integrates this notion into a psychotherapeutic framework. Specifically, the combined use of two treatment modalities dominate this model: running and group psychotherapy.

OUTLINE OF PAPER

Following a description of the running-therapy model, this paper will highlight the rationale for using running as a treatment choice for moderately depressed adults and the rationale for choosing the group modality. An analysis will follow on the therapeutic value of working with each approach and the synergy that results from their joining forces in a time limited program. The role of the therapist will be discussed followed by a brief mention of the author's past and current research and the direction this study will be taking.

The reader is encouraged throughout this paper to consider the application of this model to her client population.

THE RUNNING-THERAPY MODEL

The specifics of the model include ten weekly two hour sessions, each beginning indoors with the group doing stretching exercises together for five minutes prior to a thirty minute outdoor group walk/run.

The goal of this physical activity is to fill thirty minutes with comfortable movement, not to cover a specific distance within a period of time.

The group returns indoors from the run to stretching and slowing down exercises; continuing on in the same location, they enjoy a brief refreshment break (apples, oranges) before beginning 1¼ hours of group psychotherapy.

The model is designed for six to eight clients, all neophyte or "drop-out" runners; a co-therapy team would permit a larger group. Clients may be involved with another therapist, but not in therapy with the group therapist at the time of the sessions. It is desirable for the therapist to be a runner. She needs to understand and empathsize with the physical and emotional discomforts experienced by beginning runners as well as be sensitive to the clients' mood by participating in each weekly group run. In addition to the group therapist(s), running instructors (recent running-therapy "graduates") participate in the group stretching and group run as "mini coaches" to the clients in their developing new running skills. This facilitative role has mutual benefits; the client has the advantage of a variety of running suggestions from the running instructors, and the running instructors have a solid opportunity to assure continuation with running. The running instructors leave the session after the

refreshment break and before the group psychotherapy session begins.

RATIONALE FOR USING RUNNING

Practical considerations:

Running plays a primary role in this model for many reasons. On the practical level, running is an activity we have all known. It is easy and requires no special skills, other than learning to tolerate fast and heavy breathing, sweating and tired legs.(!) Running is a low cost activity; no special healthclub membership nor special wardrobe other than proper footware is needed. Running can be done outdoors all year round.

Socio-cultural considerations:

Culturally, running has popular appeal. The media has given much publicity to running, making it an attractive, socially sanctioned activity. However, only a small percentage of beginning runners continue with running after the first three weeks (2). This phenomena reflects the runner's misjudgment of what running is all about. What may have sounded to her like a simple undertaking is, in reality, more complicated and demanding.

Research considerations:

Recent investigations have identified the physiological and psychological benefits derived from running (3,8,9) and have commented on their positive associative relationship.

Improved cardio-vascular fitness, weight reduction, (leading to improved sleep habits and reduced use of stimulants) go hand in hand with an improved sense of self-esteem, self worth, body appreciation and respect, and sense of mastery, power and control (11, 6, 5). These are the emotional states that promote a client's receptivity to therapy and facilitate her readiness to look at other behaviors.

Studies concerning the use of running as an anti-depressant have reported dramatic symptom relief from anxiety and depression following an increase in physical activity such as running (3). In addition, current research recommendations emphasize the importance of physical activity as an anti-depressant for moderate depression (1).

Not only are therapists encouraged to include running as a therapeutic option, but therapists are also urged to run as a means of avoiding or coping with their own burnout (7).

Personal considerations:

On a personal level, the authors chose running as part of this model because of our positive involvement with running over the past ten years. For us, running has been a creative, energy-focused, ego-building experience; our conviction and belief in its intrinsic qualities

has fueled our persistence both in promoting the model to clients and clinicians alike and in continuing our research investigation of the model over the past two years.

RATIONALE FOR USING THE GROUP MODALITY

The group as a common learning ground.

A group is an excellent place for beginners to learn a new skill together. Individual concerns about physical appearance, feeling awkward and personal fears of injury are put aside as the group activity commences. The group model offers companionship, reduces individual self-expectation levels of performance through observing other runners' difficulties, and generally makes the task of running more manageable.

Initial stranger anxiety dissipates as running becomes the primary objective. The running perspective facilitates ease of discussion. Running is an uncomplicated topic to discuss; each client can comfortably talk about her personal reaction to the group run and her observations of others' performance without feeling threatened or challenged. Everyone has exhibited and worked through their initial anxiety of "will I be able to run" simply by running. Having shared this experience, laughed about it and survived that first group run, some very essential group dynamics begin to build, notably group bonding, group identification and group support. The early emergence of these processes provides a group milieu which is

conducive to growth and change.

The group model as a support system.

The running-therapy model is based on the assumption that the moderately depressed client requires some form of system to support her through a new venture. Without this system, any attempt she makes to begin something new will generally end in the client's empty, anxious rationalizations and her anticipation of adding this failure to her growing repertoire. This situation compounds the client's depression and has the effect of keeping her emotionally paralysed.

To overcome this failure syndrome, the group modality serves to bridge the motivational gap for the client between what she wants to do and what she believes she can do through a solid group support system. For example, she may have high expectations for her performance which are undermining her motivational level; or she may have a need for periodic recognition of her accomplishments which, when not met, impede her motivation to persevere.

The group model as providing an expectation level.

The group model can offer the client a standard, a realistic expectation of performance which is based on what the other group members are attempting to accomplish. Most importantly, the group model can provide her with a comfortable support and validating system. Group recognition of individual achievement is based on the client's

current performance and reinforces her emerging sense of self- esteem and self-belief. This kind of recognition is believeable, and is based on a consensus of recognized effort and strengths; her feeling of momentary achievement is a beginning building block for developing her self-esteem and self-worth.

The group model as a framework.

The group model has already been described as a place in which new learning can occur. However, learning can best occur when it is presented within a framework, beginning with how to start, moving on to how to progress, and ending with how to assure continuation. The framework also serves to break down the running experience into a logical sequence of steps to make the task more manageable.

The first and most logical step in the learning process begins with the pre-group individual interview. At this time, the client and therapist assess the needs and aspiration of the client and their relevance to the purpose of the running-therapy model. If the client and therapist agree upon her participation in the program, she

1-signs a contract in which she commits herself to run three times weekly for thirty minutes each time excluding the group run,

2-agrees to attend all sessions,

3-agrees to secure written medical approval for her

to begin a running program prior to the first session.

Both the contract and the therapist's identification with the program set the stage for promoting certain client attitudes, such as developing the client's sense of commitment to the running program, emphasizing the seriousness of this commitment and beginning to develop a sense of self-discipline around this new task.

THE THERAPEUTIC USE OF RUNNING IN THE RUNNING-THERAPY MODEL

Running as a laboratory sample.

The way in which each client approaches the task of running is a clear indicator or laboratory sample of how she approaches any life task. The client's description of her running difficulties tells the group about the impasses she is also experiencing in life.

> Joan explained she was unable to run last week because she refused to run with her husband. He would constantly criticise her running style and assume the role of her teacher. Joan was not ready to deal with this behavior. The group suggested since their work schedules required their running at the same time, why not simply run in opposite directions? The idea offered Joan a constructive way in which to express her need for individuality in her marriage and to meet her running commitment.

Running styles can also be used as a diagnostic tool in understanding the client's strengths.

Bonnie always began running at a very rapid pace;

> the running instructors found it difficult to keep up with her. Soon into the run, however, she was forced to slow down and eventually stop. She would become very discouraged and would lament that she would never learn how to run.
>
> Bonnie's quick start in the run was similar to her overly energetic style in life. She would begin new jobs or relationships with a flourish, but would gradually pull back because of a lack of energy, interest and self-belief. Bonnie was encouraged to pace herself more evenly with running and to build up her endurance. She also gained some insights into how she could develop a more steady pace to her life situation.

Running as a change agent.

Running is a valuable therapeutic technique as it dispels the myth of never being able to change. Beginning runners note many changes, from sore legs to better-toned muscles, improved posture and developing sense of bodily strength. All of these sensations contribute to a more vital, healthy and alive self-concept; and as the client's body changes, so does her perception of the nature of change. Not only is change possible through positive physical evidence, but her sense of vigor and strength can cause her to believe she can make an impact on others.

> During the fourth session, Todd mentioned how strong he was feeling from his running involvement. He described how he had been able over the past week to ask his boss for more responsibilities,

> an action which he could never have considered before he began running. Todd was clearly pleased with himself and feeling positive about the perception others now had about him.

Increased cardio-vascular activity and increased oxygenated blood flow to the brain results in generating a sense of energy and strength in the individual. In this manner, running can be a catalyst in effecting positive behavioral changes.

Running and body appreciation.

Self-esteem derives in part from feeling good about one's self; this "feeling good" phenomena is related to a new pleasure the runner begins to take in her body. She discovers her body can move quickly and that she can push beyond physical barriers, such as feeling sweat on her body, or difficulty in breathing. Clearly, her body can work for her and a new prideful relationship between person and body begins to emerge.

The awakening of body awareness and body appreciation in new runners has been helpful in developing a positive sexual response in pre-orgasmic woman;* as they became more sensitive, caring and accepting of their bodies, these women were able to move more comfortably into a sexual relationship. The application and validation of this observation to the general population is under study in the author's current research investigation on the running-

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* clinical observations from RUN FOR YOUR SELF groups, September, 1978-June, 1980.

therapy model.

USE OF PSYCHOTHERAPY IN THE RUNNING-THERAPY MODEL

Psychotherapy as a place to process the running experience

The psychotherapy session following the group run provides a place where each individual can process her running experience, express whatever difficulties she is having, hear how others are doing, and develop some insights into herself and other group members. Psychotherapy makes the running work by developing a group network of support.

The synergy of running and psychotherapy

The psychotherapy becomes an even more powerful therapeutic tool in combination with running; the group approaches the psychotherapy session in a lively, animated, rosy-cheeked way, as the energy they have generated in the group run spills into the psychotherapy session. The running-therapy model capitalizes on the mood elevating effects of running, and all the positive feelings that come from that experience as a strong emotional base from which to conduct the psychotherapy session. The individual is feeling, thinking and relating from a position of strength, and the pyschotherapy session validates and encourages more of this approach.

The early emergence of self-disclosure.

The effectiveness of psychotherapy is

not only produced by the mood the group brings from the running experience; it is also produced by the willingness of each individual to self-disclose at an early stage of psychotherapy. Self-disclosure occurs as the group members develop a sense of trust among one another, establish a comfortable, caring support system, and develop a realistic expectation level of performance.

ROLE OF THE THERAPIST

In the beginning phases of therapy, the therapist assumes a giving and supportive role and takes charge of the teaching aspects of running. She conveys her belief in the value of running and is influencial in directing the group attitude toward running commitment and self-discipline. As the group struggles with beginning running skills, the tendency may be for a client to defocus from what she is struggling with (running) and refocus on personal issues. The therapist needs to identify with the client her avoidance pattern, and move the client back into working on the current task. The outcome goal of this intervention is to build a positive experience from which the client can develop new behaviors and insights.

As the sessions progress, the therapist begins to invite a more client-responsive focus, based on the level of group interaction, group bonding and group support. Figuratively, the therapist moves back into the group, and

encourages the group to take on the responsibility she initially assumed. In some instances, the therapist needs to maintain the responsibility of checking on running commitment as the group might be unable to develop its own "running conscience". Throughout the sessions, the therapist relates running issues to personal issues and encourages client self- awareness through this available therapeutic tool.

OUTCOME OF RUNNING-THERAPY GROUPS*

The goal of the running-therapy model is to move the client out of her immobilized, depressive state and into a direction which has relevance to her newly acknowledged needs. To date, clients seem to fall into two categories following the termination of the running-therapy sessions. One group expresses a new understanding about themselves in which they feel ready to pursue further intensive therapy. They are motivated to develop additional insights into themselves and have a good sense of how they want to go about this.

The other group feels comfortable with the integrated skills they have internalized; if the client was in therapy prior to group participation, she terminates soon after the sessions end as a sign of feeling capable of taking control of her life.

Those clients who need further structure to maintain

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* Based on RUN FOR YOUR SELF group observation. September, 1978 through June, 1980.

their running involvement, return to succeeding groups as running instructors. In several situations, clients have recognized that they really do not enjoy running, but rather prefer to transfer the commitment and self-discipline they learned to another activity, such as creative writing. Such individualized re-direction is encouraged and supported as the goal of the running-therapy model is to shift a client's behavior and attitude toward a more constructive, creative level.

AUTHOR'S RESEARCH

In the Spring of 1979, the authors developed the first of several pilot projects, using the student body at a college campus North of Chicago. This pilot work described the anti-depressant effects on the subjects of two different group interventions: one group involved a group run, the other involved a group run followed by group psychotherapy. The results of this investigation were presented at the American Psychiatric Association Annual Meeting in May, 1980 (10).

Our current investigation will use as its subjects the female dependent population at a military base North of Chicago. The research question under study asks whether there is an effective difference as an anti-depressant between group psychotherapy and running combined with group psychotherapy, both groups being used on a time-limited basis.

We will also be looking at the difference between the two groups regarding: emergence of group identification, group bonding and self-disclosure, and change in sexual response.

In future repetitions, we will be looking at other forms of tension reduction other than physical activity (e.g., yoga, meditation) and other varieties of therapeutic combinations which could be used effectively in the everyday treatment of moderate depression.

The running-therapy model is clearly being put to test through our research investigation. Our work and future collaboration with our colleagues will hopefully serve to validate what we have already observed, and through this validation, will make the application of the running-therapy model to different kinds of client groups an attractive therapeutic alternative.

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